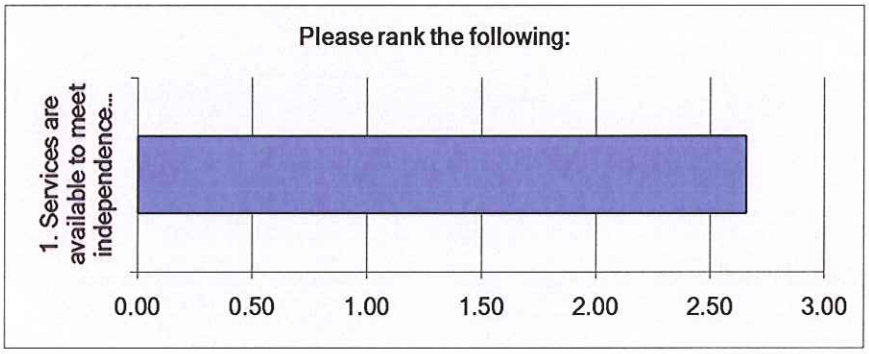
Service Coordination Survey Responses
State Plan and Waiver Amendments
March 2010

Please rank the following:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
1. Services are available to meet independence and integration, and to provide a meaningful day.	5	31	54	8	2.66	98
If not, what services should be developed?						46
					answered question	98
					skipped question	1



Responses:

1. It depends on the town. Larger towns have more services and are open to more integration.
2. Genuine work supported/development is struggling for the DD population. In addition, knowledge about how to blend pay with benefits is greatly lacking even with providers that are Rep Payee.
3. People on the waiting lists need services. People in services need to be at OAP. Providers need to be more creative in assisted day service settings. There is too much down time and boredom when there is a lack of contract work. Suggest other positive activities like scrapbooking, photography, exercise classes, nutrition classes, music classes, book clubs, art, plays, etc.
4. Employment services, Community access (public transportation).
5. Smaller communities are not able to offer the employment or volunteer sites that larger communities has. With the new waiver changes it will likely be difficult for smaller communities.
6. Not enough job opportunities in communities (especially rural communities) hinder clients being able to be more independent.
7. Services area available, however providers do not offer meaningful acitivities to individuals nor do they adequately assist individuals in obtaining jobs.
8. I have on CSP clients currently. They have choice and have opportunities to live a life that is meaningful.
9. More levels of careindependence are needed. For instance, providers should be encouraged to develop innovative living environments where individuals could transition more safely from assisted to supported residences. Specialized Providers should be evaluated on the effectiveness of their staff training to insure effective services.
10. Retirement services.
11. Day services are always lacking in work and habilitation.
12. In the home yes; at the day sites, no. One provider exerts all of it's energy on behaviors, so everyone else is left in the dust to do NOTHING.
13. Meaningful activities for all. Sitting in a workshop tearing books all day is not meaningful!

14. More meaningful and challenging vocational services (better opportuntieis to earn money either in a sheltered workshop or community job placement, more activities, etc.).
15. Providers should have an employment specialist that not only works with individuals on resume/interview, etc., but also somebody painting the streets and advocating for jobs for individuals.
16. Some individuals do have a meaniningful day and others do not. There are many that sit in workshops stringing beads, and coloring that could be contributing a great deal to our community, but these options are not there.
17. There is an overall lack of acceptance within communities, more information needs to be given to employers in the community. I do fell that providers try to provide meaningful activities for people, and now that the waivers will be opening up a wider variety of choices for people it will mean more meaningful activities for them.
18. While we are moving toward having those wo can work in the community do so, there is not adequate work available for those who will remain in the workshop and they have time when what they are doing is not productive. Changes need to be made so each person is being productive.
19. Services in our area are not consistently able to live up to this standard. Job placement remains extremely difficult, an with one provider downsizing and another makinig no effort to provide a vocational element to their day site, this is a big problem.
20. Retirement, acitivity sites for severe intelectual challenges.
21. I feel this is more a staff training issue and how staff are providing services rather than the services themselves not being meaningful.

22. Services should include participation in tasks that will assist individuals in learning step-by-step tasks and procedures to perform tasks, much like a Jr. High/High School SPED Vocational training program would have. (A good program). If we could spend time observing and asking questions w/SPED teachers/VOC teachers within a good system and then assisting providers with developing those programs, that would be excellent.
23. Some services exist but they are unavailable to children, all on waiting list, over-income individuals. Services need transportation, day care.
24. A lot of individuals should be doing retirement activities and not have to attend day services centers. Going to a nursing home is not an option the individuals would choose.
25. I am completing this as of the current DD situation. There are providers that I believe try to offer this however, they are very few and generally relied on by "just doing the right thing". The current plan that Central Office has discussed regarding the new waiver services will greatly attempt to assist in this issue. However, there is still a problem with the providers getting something for achieving independence by the individual. If there is no incentive why, would cut your own paycheck.
26. Retirement services. Current service providers need to provide more MEANINGFUL services.
27. It's hard to meet the needs of the individuals without the required intervention hours. In some parts of the state, OAP hours are granted more than in other parts.
28. More paid, contract work at the workshop! Not enough effort to get these contracts by the providers.
29. DD Service providers are too co-dependent on keeping individuals dependent on them because they lose funding if the individual becomes more independent. Services continue when they are not needed. Service Coordinators need more of a say in when payments to providers need to be reduced. A lot of money is wasted in DD Services.
30. Providers are reluctant to develop new vocational plans. Many are still stuck in the workshop mind set.
31. There's not enough providers that do this and that are good at developing jobs outside of workshops.

32. In rural areas, it is difficult to find meaningful acitvities for people with DD to take part in. We have one provider and services are less than satisfactory=poor quality. With the economy the way it is and people everywhere fighting for jobs and something "meaningful" what do we really expect our providers to do? They don't get jobs for individuals when the economy is good. They do the least amount of work to meet the minimum requirements and now we are going to have more ways to do even less-but they still get paid! With new ways for individuals to spend their money (which is good) there HAS TO BE WAYS TO MONITOR THE QUALITY OF SERVICES!!!

33. I feel the proposed waiver will do a lot to remedy one area that needs addressed. Another area is the most challenged of our population. They do not have stimulating activities. In school they had more technology to stimulate and engage their minds.

34. Specialized providers need to provide more than contract work. Community businesses need a way to be compensated for the extra oversight needed to support our individuals who might work for them.

35. Transportation is always an issue.

36. Services are available, but more meaningful activities are needed because there is seldom noticeable increase in independence.

37 Need more meaningful activities throughout the day.

38. I do fell many meaningful options are avalable, however also feel that more meaningfu options should be provided to those that want a "workshop" level of care. I remember the days when contract work for folks was not an issue, however they seem to be few and far between these days.

39. More services for individuals with dual diagnosis and behavioral challenges.

40. We need more supported services and competitive employment.

41. Services are available, they are just lacking a little. Providers could do a better job.

42. Services are generally available. Most provider agencies have some staff that are very capable of helping individuals find jobs. It's not clear that they are always motivitated to push themselves to actually follow through with getting people into jobs that are capable of it. For individuals that not currently capable of working there is a lack of activity centers.

43. Rural NE needs a variety of providers from which to choose. Need dental care access for Medicaid, more vocational opportunities for paid employment, particularly among individuals who are not ready for DVR supports. See response to #3, #6, and #8. Community providers are slow to seek out paid employment opportunities. Need more extended family homes in rural Nebraska.

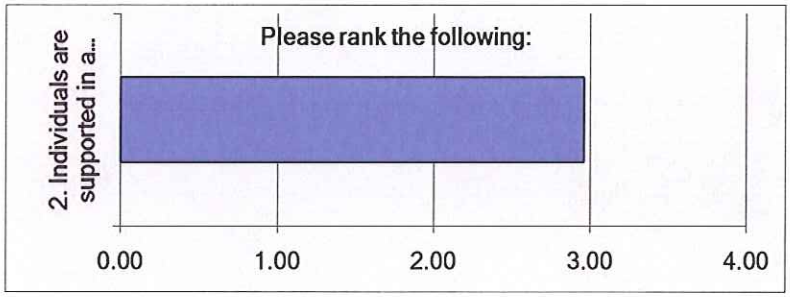
44. Service models that aren't so restrictive and focused on habilitation and habilitation programming. The state views programming as paramount, regardless of it's quality, and ignores the more meaningful inputs and activities that actually make positive differences in people's lives.

45. The services that we have to offer today put so many limits on individuals's plans and creativity. The proposed changes for 2100 will give individual's choices in their futures and will not limit them to the same old choices.

46. There are individuals at a workshop setting that could have a more productive and meaningful day if the provider would step out of the box. After todays meeting with the concept of combining an individuals funding, this may open opportunities for some of these individuals.

Please rank the following:

Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
2. Individuals are supported in a positive	4	7	76	11	2.96	98
Comments						26
					answered question	98
					skipped question	1

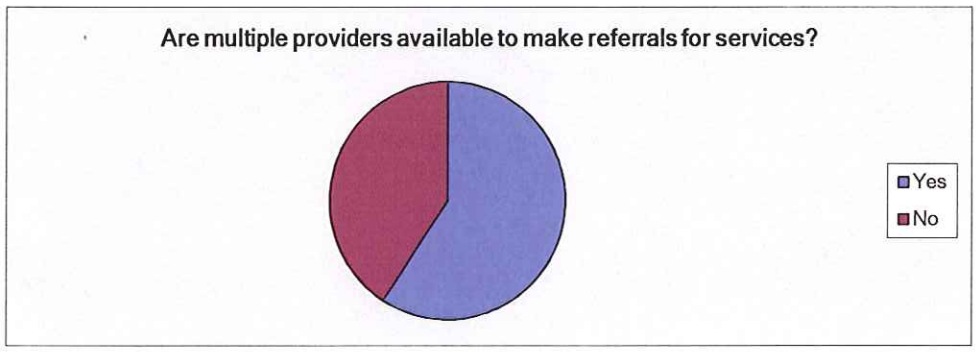


Responses:

1. We spend a huge amount of resources making sure the IPP has every detail that over the years I feel this has greatly reduced my actual time on home visits and talking 1:1 to consumers.
2. More individualized supports are needed.
3. At times it seems like we lose sight of the individuals we serve to make decisions that look good on paper-but not necessarily in reality.
4. Most providers do try to provide a positive environment for our individuals. They want to provide an enriching place.
5. Provider staff are not trained to promote independence, they often do everything for the individual for the ease of the staff.
6. Again, CSP clients have choice about who supported the, acitvities, and schedule so they have opportunities for a more positive life.
7. I feel there should be a distinction between positive and independent. Not all positive interactions foster independence and independence is not always clearly a positive change.
8. For the most part.
9. There are some staff that are good on our area, but there are others that are not. They have been reported, but nothing seems to be done about it. I believe that if you are not working with people because you enjoy it, you are in the wrong profession.
10. Some providers seem to have more positive attitudes and approaches than others. Not sure if this is a training issue, hiring issue, or overall company atmosphere issue.
11. I feel that individuals are always treated with respect and that they are supported in the best way possible with the resources and systems that are currently in place.
12. I see many positive relationships between the people we serve and their staff.
13. Yes and no. It is apparent, often that providers care deeply for the people they work with. However, if I were in some of the "programs", I would have a serious behavior problem or problems, too. Many vocational day programs are terribly boring and individuals (clients) are not kept busy doing productive and "engaging" tasks.
14. Service Coordinators do everything they can, but with increase in paperwork and caseloads, I think person centered planning has gone out the window!
15. Again, I think that this administration much more than many that I have seen is trying to address this, however we worry too much about using the correct terms in writing and so forth without addressing the individual's true treatment objectives (independent skills-not needing you). We worry too much about I's and saying things for them without looking at the whole picture-we need true discussion of the treatment plans.
16. Depends on the situation/provider - a lot of staff view it as a "job" not a passion/profession.

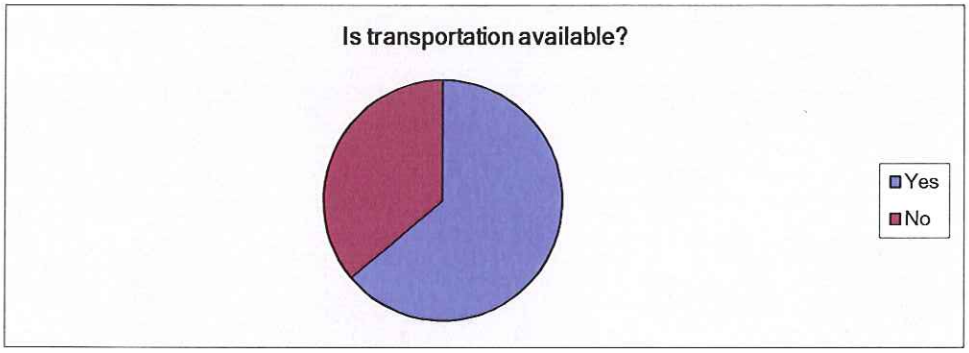
17. The DD system needs an overhaul. Too much money is wasted. Provider staff are watching tv with individuals because the person has funding and they need to get the hours in. The goals and programs that they develop and run for the most part do not have much impact on the individuals. The same programs are run year after year, everyones programs and goals look alike.
18. We have one provider, staff turnover is often and their skill level low. They may want individuals to be their "friends", but they do no provide positive supports or habilitations.
19. I believe overall most providers and staff try. I believe more training is needed to teach staff that mothering is nice, but it isn't teaching independence.
20. In general, everyone's goal is to help the individual but there are some lackluster staff-lazy, non-inventive, not willing to change. Thankfully they are few and far between.
21. I believe staff care for the people they work with, but outcomes generally take longer to reach than they should.
22. I feel this is the case for most individuals, however do feel that some lack caring and interested staff.
23. I think we could do better at this as well.
24. See comment #1. Positive support varies in degree from provider to provider.
25. They are supported by service providers in a positive way, but not always by the State.
26. In our area, we work with providers and DHHS staff in increase awareness on subtle ways that we inadvertently devalue individuals. Training is provided to staff at all levels.

3. Are multiple providers available to make referrals for services?		
Answer Options	Response Percent	Response Count
Yes	59.2%	58
No	40.8%	40
	answered question	98
	skipped question	1



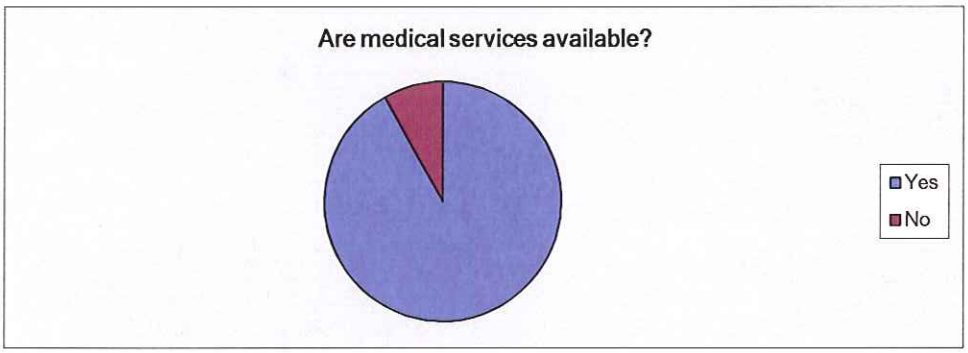
Responses: NONE

4. Is transportation available?		
Answer Options	Response Percent	Response Count
Yes	63.9%	62
No	36.1%	35
	answered question	97
	skipped question	2



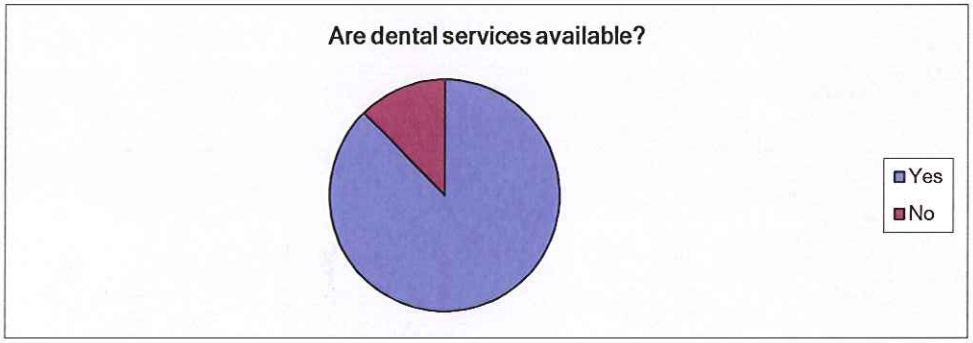
Responses: NONE

5. Are medical services available?		
Answer Options	Response Percent	Response Count
Yes	91.8%	90
No	8.2%	8
	answered question	98
	skipped question	1



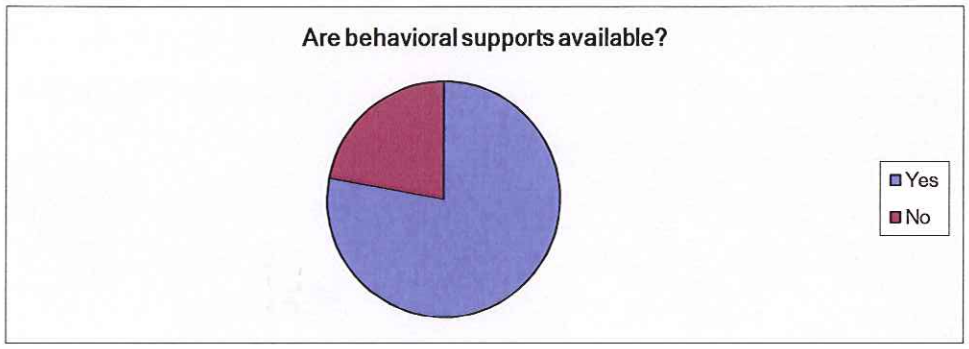
Responses: NONE

6. Are dental services available?		
Answer Options	Response Percent	Response Count
Yes	87.6%	85
No	12.4%	12
	answered question	97
	skipped question	2



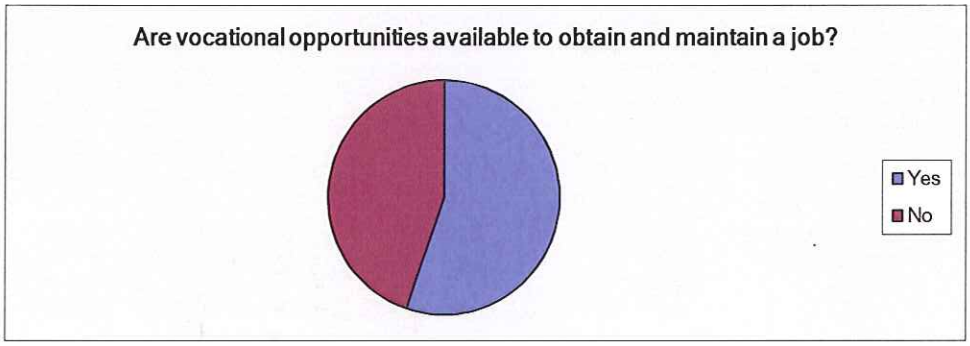
Responses: NONE

7. Are behavioral supports available?		
Answer Options	Response Percent	Response Count
Yes	77.9%	74
No	22.1%	21
	answered question	95
	skipped question	4



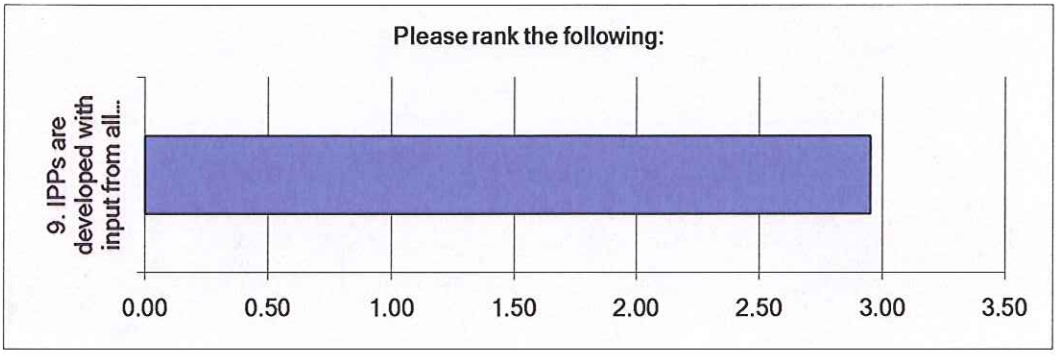
Responses: NONE

8. Are vocational opportunities available to obtain and maintain a job?		
Answer Options	Response Percent	Response Count
Yes	55.2%	53
No	44.8%	43
	answered question	96
	skipped question	3



Responses: NONE

Please rank the following:						
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
9. IPPs are developed with input from all team members.	4	15	62	18	2.95	99
Comments						28
					answered question	99
					skipped question	0



Responses:

1. I agree but the Community Support IPP format is much more simple and "user friendly" if you just pick it up and read the information. In my opinion you develop a good picture of the person - the "traditional" IPP format is cumbersome and not user friendly.

2. Providers can come more prepared-at times, they don't have ideas prior to meetings for programming and supports. I agree that it is a team process to develop programs, but working with individuals on a regular basis there should be at least some ideas where additional supports could be used.

3. Unfortunately, some provider staff are only there to contribute toward "their area", then want to leave.

4. At times teams appear to get "stuck" and perhaps need to think "outside the box"/explore alternate options.

5. Depends which Service Coordinator you are working with, some allow it, some do not. Some Service Coordinators want total control.

6. IPP format is still not use friendly. 1 1/2-3 hours meetings are way too long - clients as well as team members don't like to be in meetings that long. Teams still struggle with redundance of going over plans, then breaking down each plan in more detail. Lots of flipping through back and forth with pages. Many of need areas from Developmental Index must be listed out as supports and many do not fit into current plans as well as medical supports. Assessments should be discussed after plans and goal that clients are working on - this still does not flow well in meetings. Really no place to put comments that client/family members/staff add in document except at back of document on comments page where it doesn't fit where it should be applied to specific area of conversation/need. No area for concerns of staff or client except back on comments page. Still way too long of document even for semi-annual meeting, since we are trying to save on paper as documents. Doesn't seem like we document as much conversation as with old format. There is still uncertainty of where to place comments/concerns in documents, even when asking questions - not clear answers.

7. I don't feel that all team members really give that much input o the IPPs. I'm pretty much running the show and the providers are just showing up because they have to be there. They really don't say much. At times it's just pulling teeth to try to expand on goals, or trying to plan for the future.

8. This process is way too complicated and cumbersome. Any meaningful exchange for the individual is minimal because of the focus on a document and what CMS wants. If the future plans are for CSP clients to be forced into using this IPP format it will defeat the purpose of the whole program. It will be restrictive.

9. All team members all always present at IPPs. I do however feel that the document itself is not consumer friendly and the majority of families do not read them because they are 50-70 pages long. The process for IPP quality/regulation control has become so cumbersome way beyond waiver requirements that it has taken away any intent of the IPP document to be individualized or personal.

10. It's getting harder to find transportation services for people that live in rural areas away from the city. Providers are filling up fast, makes it difficult to have options when starting services. Providers don't seem to be focused n finding employment for people. It's available but not a strong part of their services.

11. Depending on the providers, the person and their family, this can be the case. However, frequently SC ends up dragging everyone else through the process.

12. Many individuals are non-verbal or do not understand what is meant when asked of them what they want for plans and outcomes.

13. I think sometimes IPPs become driven by what the policy and procedure book says, and what is needed for waiver. A lot of the times it isn't truly what an individual wants, but what will make their plan waiver appropriate.

14. There is a lack of training on principles and philosophies behind what we do. As an SC, I often feel like I have to speak for the entire team, ask lead questions in meetings, and generate most of the appropriate language in the IPP document to meet regulations.

15. SCs do the best they can with the time and resources they are given.

16. Input is encouraged, but sometimes following the IPP format hinders conversations.

17. Depending on the SC that is completing them.

18. I truly believe it is completed as a motion and not seen as an approach to independence which is the problem. (Need a treatment plan)

19. There are a lot of team members, particularly staff, who provide very little input although they are given the chance.

20. Our Service Coordinators in our area are very good about team meetings and including every team member.

21. The deck is stacked at the IPP meetings. Providers bring several staff to the meetings and there is only one Service Coordinator. Providers do what they want.

22. Many clients are not able to give input due to their disabilities.

23. There is always some who don't put in any input. They have opportunities, but choose not to.

24. I work with providers who have difficulty contributing information to meetings, especially since the new format has been implemented. Often the SC is looked at to provide program ideas, etc.

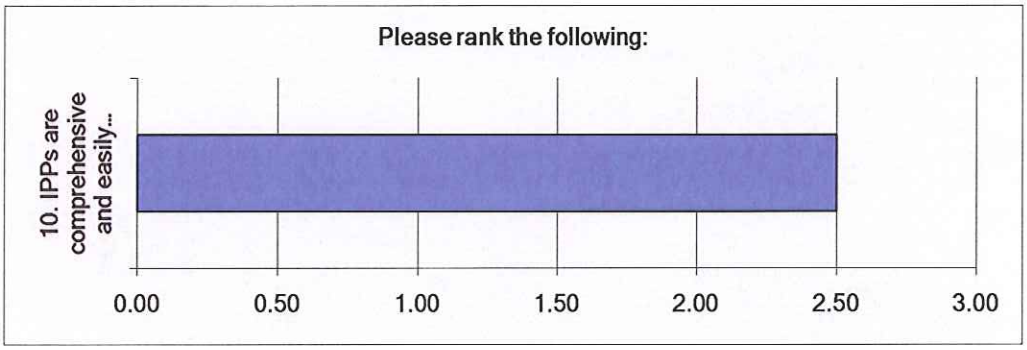
25. With much coaxing from the SC.

26. See comment on #10.

27. If the Service Coordinator disagrees with the rest of the team, it doesn't matter what the team thinks, the Service Coordinator ignores them. Of course, the Service Coordinator in those instances is usually parroting what his/her supervisor wants and isn't allowed to actually think for him/herself.

28. With the new Outcomes it has been difficult for some provider staff to realize the purpose of the Outcomes so their input is very limited.

Please rank the following:						
Answer Options	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
10. IPPs are comprehensive and easily understood by all team members.	8	37	49	4	2.50	98
Comments						43
					answered question	98
					skipped question	1



Responses:

1. (See above) - much too much! So many resources are used making the format look pretty that it takes away form the actual day to day services. I just want to see that the person is living, learning and growing and having pretty data on teaching program does not necessarily equate to having this happen.

2. IPP is very comprehensive, but is too long (time and paper), takes a lot of work, and then might not ever be referred to after that by providers, individuals, families, guardians, etc. The "I" language is not very popular. Suggest "you" language.

3. The mulitple layers of needs, strategies and outcomes are very confusing for most team members. The members understand what annual goals (outcomes) are and they understand about finding out what areas would be preventing a person from obtaining that outcome and working on those areas. It's the way the current IPP is set up that is intimidating and confusing.

4. Question if individuals served and families understand rational for all the paperwork or realize this is a picture of individuals life plan.

5. IPPs are long and often people "fade out" after a period of time and discussion.

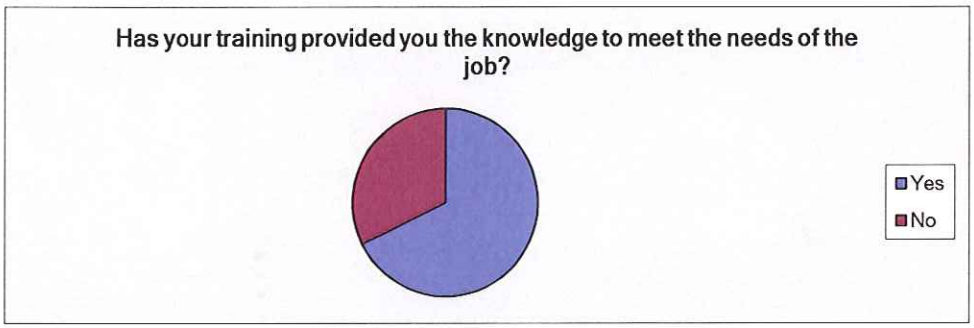
6. Again, depends on which coordinator you are working with.

7. IPP format is still not user friendly. 1 1/2-3 hour meetings are way to long - clients as well as team members don't like to be in meetings that long. Teams still struggle with redundance of going over plans, then breaking down each plan in more detail. Lots of flipping through back and forth with pages. Many of need areas from Developmental Index must be listed out as supports and many do not fit into current plans as well as medical supports. Assessments should be discussed after plans and goal that clients are working on - this still does not flow well in meetings. Really no place to put comments that client/family members/staff add in document except at back of document on comments page where it doesn't fit, where it should be applied to specific area of conversation/need. No area for concerns for staff or client except back on comments page. Still way too long of document even for semi-annual meeting, since we are trying to save on paper as document. Doesn't seem like we document as much conversation as with old format. There is still uncertainty of where to place comments/concerns in documents, even when asking questions - not clear answers. Should have Service Coordination staff involved in development process as we are the ones preparing for meetings, facilitating (sometimes clients facilitating), typing and distributing meeting document back to team.

8. There isn't a section for staff input, or to insert comments about other topics that are discussed that don't fall into the categories in the IPP. For example, there is no specific section to talk about employment.
9. I think for the most part the team members understand the IPP's. If they don't then they aren't speaking up about it.
10. The IPP is not very user friendly, as far as having a space to put individual comments and an easy read if you are looking for something particular. No page numbers either.
11. An IPP process is all about the end result of the document rather than about meaningful discussion. The document is comprehensive but isn't easy to use or understand and is a barrier to good discussion. It's a cumbersome process for the client/family.
12. I do not believe a single document can be comprehensive, easily understood, and individualized. It will always be 2 of the 3.
13. Almost every IPP I turn in is returned to me for corrections. Just when I feel like I understand what is expected from me, the standards for the IPP change and have to change the way I am completing an IPP. This is ongoing and I feel like it does not matter what I put on the IPPs I complete because I will always get them back to correct.
14. The new format is not reader-friendly. All the extra stuff on the Outcome page is nonsense.
15. I think the IPPs could be understood by all team members if they all took the time to read them. Oftentimes direct care staff have not read the document and have no idea what they are supposed to be doing with the clients. Management staff attend the meetings, so direct line do not know what was discussed.
16. IPPs are definitely comprehensive. They can take over 2 hours which is difficult for many families to find that kind of time. Families do not understand all of the details needed for the IPP. Families often just want to make sure their family member is taken care of. It is difficult to help them understand how important certain pieces are such as; an annual physical exam.
17. The new form, while somewhat easier to use is cumbersome and difficult to manuever through. It seems to be a jumble of boxes with no real information involved.
18. The notion of individualization remains very hard for many staff to grasp.
19. The IPP document and process have little meaning or value to many individuals and their families.
20. Not all individuals, families and at times, staff comprehend the IPP document.
21, Providers do not always understand our goals and objectives. Families struggle as well.
22. WAY TOO much information that is NEVER looked at or used.
23. It isn't always read as the document that should matter.
24. I've heard a lot of positive comments on the IPP format.
25. The current system which asks for information to be written in "I" form is in my opinion not the best format. Comments made oftentimes are not how someone would communicate or express themselves. I believe the comments from team members should be documented as they are communicated in the meetings. The person said this or the parents wish this to be done, etc.
26. I believe that they are not used as a tool to assist the team but as a piece of required paperwork. The documentation itself is not set up to inspire a full discussion of treatment approaches for the individual.
27. The new format seems to be quite confusing to a lot of teams.
28. IPPs are not easily understood, especially the format for staff objectives. Turns into a scavenger hunt to find them. Not easily accessible to all staff.
29. Some of it seems pointless. The new format isn't very reader friendly.
30. Families and individuals do not understand outcomes, objectives, pass criteria etc.
31. I haven't heard nothing positive about the "I" statements. Families, clients, providers, etc. do not like using the "I" statements!!! The format is very "procedure" and "waiver" oriented not person-centered.
32. I believe they are too comprehensive thus they are not used. They list medications and they duplicate things that providers have in their format. Why not attach THEIR forms to the IPP. I would like to see a 1-2 page document that was easy to understand and useful so people wanted to read it.
33. New IPP format - Still work in progress for everyone. Like that it can be continuing document and that it has spell check.

34. I don't believe provider staff (direct line or management) use the IPP as a tool to gain more information about the individual or look at it as a planning tool.
35. IPPs are comprehensive but not easily understood by all team members. They do not flow well when assigning and reviewing assessments.
36. It truly depends on the skill of the SC and the team they are working with.
37. I think we ned to step up and do real planning for people and work harder to help them achieve their goals.
38. IPPs might be comprehsive, but they're not understood by all. They seem disjointed and out of order. For them to be meaningful they need to be condensed most of the time. Provider staff appear to stick with making their own notes on what they think is important to know and if the truth was known, few of them actually read the IPP and just stick with reading blurbs that are on their data collection sheets.
39. I don't believe that all team members really read and understand the IPP.
40. Community providers need "education" in the change toward the living document for them to be more "on board" and less "stuck" in their ruts.
41. New format for IPPs is confusing w/regards to addendums. I would like to go back to previous way of having addendums, where info is just stated on one page and then relevant information is updated on the next major meeting, instead of having a "living document".
42. The IPP document and it's format are a formidable challenge to the average person to be able to scan and comprehend.
43. Some provider staff do not understand the concept of not coming to meetings with programs ready to introduce before knowing what the Outcome is going to be. Hard to get some individuals who have been used to doing it a certain way to understand that the Outcomes are person centered.

11. Has your training provided you the knowledge to meet the needs of the job?		
Answer Options	Response Percent	Response Count
Yes	67.7%	63
No	32.3%	30
If not, what would you suggest?		36
	answered question	93
	skipped question	6



Responses:

1. I'm not sure.

2. As was suggested at the last training- give us some examples of an IPP that is done correctly - so far the only examples we've been given are IPP's that need to be corrected and then there is no real understanding or definite consensus on the CORRECTIONS to make it right!

3. For the most part training has been sufficient, but there needs to be a manual SC's can refere to that outlines all forms, and procedures, and laid out in a manner that is easy to find information. Not everyone we need is on the yellow pages, and there don't seem to be policies/procedures for everything. This is especially important for completing forms that we don't do often.

4. So many changes and so many new cases. Not enough time to study the changes and regs and provide good contacts with the people we serve. It's turned into a paperwork job instead of the people job that it was in the past.

5. Lots of time the training is hurried, non-existent (left to co-workers to train), well after fact of starting job (11 months after working in job), as well as with not much time given to implementation of new services/regulations. Consideration needs to be made if team meetings are necessary for changes of services/regulations as well as for distances-some teams are over 45 miles from Service Coordination/Provider locations and to coordinate schedules of all team members. Many times coordination staff must rely on co-workers to work through problems with supervisors not available due to meetings across the state - could the supervisors meet with phone conferences or video conferences to save on travel expenses thus being able to be more available to SC staff? Then maybe more money would be in the budget for training needs. For instance, the new changes to supported day/supported employment are to be implemented by May 1st - training is on April 20th; there is a holiday, 2 days for weekend plus Service Coordination meeting on 28th leaving 6 working days for teams to meet and complete paperwork/authorizations for implementation - what about other clients meeting schedules during those times; sometimes family or guardians don't care about this process, however some do - what about all the teams schedule and implementation and very short timeline?

6. Univeral training statewide on the policies and procedures. When cases get transferred from different service areas, it is very apparent that we are following the same practices statewide.

7. My supervisor has also been there to answer questions and will go over things as many times as I need. You can go through as much training as you want, but sometimes there are things that you won't be prepared for.

8. I would like to have more training on what facilities/services are available to those struggling with mental health/behavioral issues, especially a short-term intervention facility, much like ITS at BSDC provided in the past. This is something that could benefit some of my clients.
9. Need training on programming and different types of disabilities, such as autism.
10. Training has been non-existent. There needs to be a period of time set aside after hiring where there is quality training without any job responsibilities. Also, trainers should be getting input from Service Coordinators about thte content of training rather than from people that don't do the work.
11. More opportunities for round table discussion of effective strategies between Service Coordinatos. Both in terms of developing plans and interacting with different providers. These discussions need positive leadership to keep them open and constructive rather than turning into venting sessions. Ideally they would be designated to be short sessions to allow more interactions in less time and they would be small enough information could be shared easily.
12. Again, I feel like the standards for the IPP keep changing and I do not know what I should be putting on them. The process is frustrating.
13. Training modules are available as presented by supervisor for new employees. Need time to attend training to refresh processes not performed on monthly basis.
14. I feel I am able to do a fairly good job but not because of any training I have received. I have been a SC for 20 years and continue to learn as I go through each day.
15. More mentoring by other seasoned staff. I am relatively new and barely know the names of any other SC in my office - that is pretty sad!
16. I have been in the job for over 2 decades and I feel that the overall training for Service Coordination is poor at best, especially for new employees. There is very little supervision. Supervisors are so stretched beyond their immediate duties that weeks can go by without seeing them. It is important to have more personal approach with the intense amount of paperwork and changes in our work. However, the current method is to meet in our service area once a month and get a packet of hand outs which is not cost effective either. We have too much travel time, paper cost. I see the supervisor meeting with their individual towns (saving on gas and time out of the office) as changes come up with most information being sent via e-mail instead of paper.
17. I would suggest formal training prior to being given a caseload. The training should be thorough but not offered in just a few days time so that it is difficult to assimilate the material and then remember it in the job. I received training many months into the job and while helpful, it was so compact and condensed, it left little time to apply to the work situation. I have worked in other state agencies and this is by far the worst agency for training new employees.
18. However there is always something new. With a May 1st implementation date for vocational planning, training is not until the end of April...You expect that in that short of time we are to learn it all?
19. It continues to be ongoing, but that is because our jobs are newly created and also, still developing. People in our office and other offices are very helpful.
20. Additional training in different areas that SCs deal with, such as: Medicaid, community resources, appeal process, etc.
21. I have learned by myself what works best and how to be the most effective and efficient. Trainings are in place but not for everyone's needs and different aspects of this job.
22. Recent changes in Medicaid - QMB, SLMB, etc. training would be helpful.
23. Training as whole (statewide) needs massive improvement. Great resources are available (especially within BSDC HSTS', psychologists, pharmacists, nursing/medical, OT, PT) but none of this is shared on an ongoing basis with the rest of the state. Service Areas virtually receive 0 training regarding best practices and hence hold IPPs that they have no idea about what they are talking about and trying to achieve for the person served. This is a huge gap. The saddest part is that some of these resources are slowly leaving state employment and it will be lost.

24. Everything seems to be provider centered. They give input to forms and plans but SCs do not. I seriously doubt the things we do were designed with family/client input so why is everything catered to the provider? By the time SCs are informed/trained there isn't any room for suggestions or changes, we get the new stuff thrown at us in a day or less and suffer the consequences when things are a blur, timelines aren't met and paperwork inaccurate. SCs deserve to be treated like the professionals we are. We deserve better initial training, time for hands-on BEFORE absorbing a caseload, ongoing feedback from supervisors, trainers, etc....and the option of specialized caseloads. I would love to be a part of the work group developing training for SCs!!!

25. When I first started, I had a brief day of training (about 6 hours) and then did not receive any formal training for another 3-4 months. I was fortunate that my co-workers are very helpful and caring and helped me a lot during my first few months. When I finally received formal training, I found it was not helpful as I had already been doing many of the things we were being trained on for months.

26. I need to know more about community supports and programs. I need to know good community connections.

27. Caseloads vary by individual needs. Each SC's job responsibilities depend on the individuals on their caseload. Mission & directives change with chain-of-command. Standards & expectations differ with different supervisors. It would be a good idea if those at the top understood a SCs job and then developed a standardized set of expectations which all supervisors followed. It needs to be more than a set of timelines that might or might not be realistic.

28. I would suggest separate trainings for senior staff and new staff. The new staff are asking multiple questions that senior staff are already familiar with - this is very time consuming. I'm sure it is important questions for new staff, but not for the rest of us.

29. More training than 3 days, training needs to start before I am in the job. I got training for 3 days when I was in the job for 3 months already.

30. Ongoing training is always helpful.

31. MORE POLICY TRAINING.

32. I feel that it has, however further training on medical and high risk behavioral needs would be appreciated.

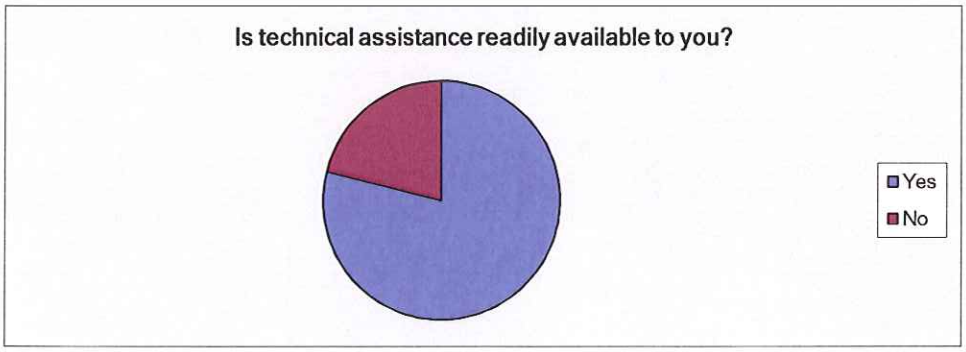
33. I think we are so caught up in the form and filling out the form correctly to meet waiver requirements that we loose the actual planning process. We could do better at setting up services to support the person.

34. There is no formal training when a person begins. For those that have been on the job for awhile, many of what we discussed makes sense. However, those of us who are newer are still trying to figure out the basics.

35. #13 and #14 training, guidelines, and directories needed.

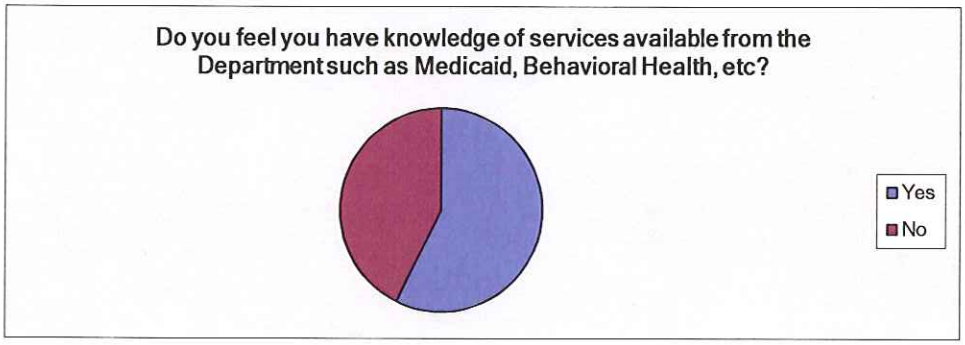
36. Program training, Behavior Modification programs.

12. Is technical assistance readily available to you?		
Answer Options	Response Percent	Response Count
Yes	78.9%	75
No	21.1%	20
	answered question	95
	skipped question	4



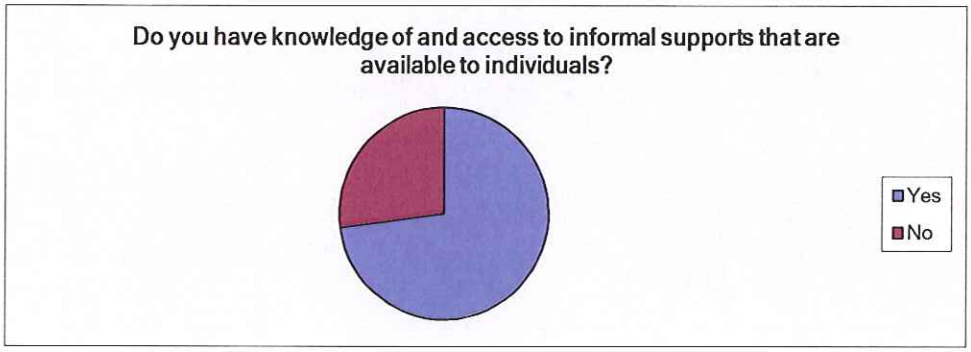
Responses: NONE

13. Do you feel you have knowledge of services available from the Department such as Medicaid, Behavioral Health, etc?		
Answer Options	Response Percent	Response Count
Yes	57.3%	55
No	42.7%	41
answered question		96
skipped question		3



Responses: NONE

14. Do you have knowledge of and access to informal supports that are available to individuals?		
Answer Options	Response Percent	Response Count
Yes	72.9%	70
No	27.1%	26
	answered question	96
	skipped question	3



Responses: NONE

15. Any additional comments:	
Answer Options	Response Count
	44
answered question	44
skipped question	55

Responses:

1. It depends on the supports according to the community. Small communities have less opportunities to work and have less supports. Public transportation is always a problem. They also do not have a choice of a variety of providers, but csp providers are easlier to hire since there is less job opportunities in the community for the general public as a whole. Individuals who live in the country with their famlies have the most difficulty receiving supports.
2. Lack of knowledge of services available from Behavioral Health.
3. Need continued updates on changes in Medicaid, Behavioral Health, Medical, community services available.
4. Cannot find drug treatment for DD clients.
5. Still need behaviorial specialists closer to outlying areas farther away than eastern area. Still hard to try helping individuals/teams during difficult times when support is not readily available. As always funding is another issue, especially when our clients are aging and not being able to be funded to full OAP - doesn't seem fair especially since new grads coming in are at full OAP. The longer SC staff are here, we notice more paperwork piled on with shorter deadlines, no support staff to assist, and less time being able to spend time with clients.
6. I am excited that we are moving the right direction. With the current lack of training and all of the unknown, there is some anxiety. Once we receive training I am confident that we will be able to communicate and carry out the same overall goals statewide.
7. Not happy about all the cut-backs, "hiring freeze", parking going on, and lack of morale. It's hard to stay chipper around the office when every other day you getting emails and notifications about a new cut-back or downfall. It's lovely.
8. More documentation or list of resources would be beneficial.
9. In Lincoln, there is a choice of providers, but in the rural areas, there is a lack of choice for providers and medical treatment.
10. My primary concern is the proposed change for the CSP waiver to be merged into "a comprehensive waiver". I believe this will be a step backward for a program that has liberated individuals from restrictive services. We have created a "monster" with traditional services and have to be careful not to ruin the CSP in the process of fixing the other.
11. I feel the summit was a missed opportunity. When I'd first heard of it I assumed there would be a chance for the various stakeholders to share best practices and brainstorm on new ways to provide and enhance support. The speakers were skilled and informative by all accounts but without more structured direct contact between stakeholders I doubt the summit had much lasting impact on a broad scale.
12. It is hard to have a program rejected by my supervisor after I already said it is fine and handed in my IPP. I have to request a new program which requires a new meeting. This creates a lot of resentment in the teams and is a waste of time. Why is it my responsibility to tell the providers how to write a program when central office is already doing this? Not to mention I don't know what defines a good program anymore because each person in central office has a different standard and none of them seem to be able to teach anyone how to write a good program. This is creating a negative work setting.
13. DD needs to fund everyone at their true OAP amounts.

14. If we had laptops and printers at our IPP meetings, we could save a lot of time. If providers would properly train their staff before they began working, we would have much fewer problems. I don't know if the pool is getting too thin or what the problem is, but the providers are hiring people that shouldn't be in charge of anyone, much less training people to be more independent!
15. A comprehensive and easy-to-navigate database of informal community supports (such as therapists, community activities, etc.) would be helpful. We receive informational emails about informal supports (such as community acitivitie) all the time, but this information isn't compiled into a helpful catalogue/database.
16. I think that SC should have access to other Behavioral Health Specialists/therapists, psych to provide us with an objective opinion about what some of our individuals are currently facing. Objectivitiy is the key word!

17. I am disheartened that no one from upper management had the time to participate in a video conference or to come out to our local offices to show us their support and concern. It shows us that we are or aren't appreciated. We are all struggling out here. We keep getting more clients through the funding offers, people coming out of BSDC, transition students graduating every year, caseloads keep getting larger without any word on being able to hire more service coordinators or even have some support staff which would free us from the copier and filing. Is it budget friendly to hire more management when we need more "worker bees"? Is is smart to develop more changes in structure and systems and programs (Career Planning, Integrated Community Employment, Retirement, etc) without any input from direct service coordinators because most of management has not enough knowledge of the day to day work that we do? Most of what I and my fellow Service Coordinators have learned is has been self-taught and because we have researched it on our own. Our work should be respected and valued. Come on down and camp out with us for awhile you will see for yourself how tight a group we are and that we work hard. Many of us work beyond our 40hours a week and don't get paid for it!!!
18. Questions 3-8 should have had comment sections available. There are not always multiple providers willing to take new people into services, although we do have more than one provider in our city. Transportation is available, however not in all areas, and most of the time only within the city limits, which in rural Nebraska severly limits the choices available. Medical services are most always available however dental services are often difficult to find, especially with the monetary limitations placed on dental care within Medicaid.
I have a knowledge base of services available because I choose to ask and to find answers, not because I was made aware by the Division. At times it is very frustrating to work in our Division as it seems that we the Service Coordinators are not asked how changes will affect the lives of the people we serve, it seems to be handed down from the top, from people who have been told what SC's do, and have never 'spent a day in our shoes'. It would be very nice to have some input with regard to service delivery. Most Service Coordinators care VERY MUCH about the individuals they work with and want to see the best for them and want them to have a meaningful life.
19. It is very frustrating to deal with provider agencies when it seems that I am much more concerned with the person's success than they are.
20. Transportation-we have no public transportation available on weekends or evenings. Dental-only one that will consider taking new medicaid patients. Behavioral support is very minimal-no choices. Vocational opportunities-very few.
21. Great job with training and keeping the group interested.
22. SCs could benefit from informative pamphlets, websites, resources, etc. from all the service agencies available in Nebraska in order to share the information with families and individuals in a need. A centralized website would be awesome!
23. Caseloads are WAY TOO HIGH. Our area has more individuals to serve across more geography. It is unfair to the people we support. There is no light at the end of the tunnel and the number continue to climb at an alarming rate.

reluctant to hire individuals with disabilities (especially in the current economy). #12 - With recent changes at DDCO, I am no longer sure of who to contact about what (OAP questions, program specialist issues, etc.). Also, in my office/area, I have always been told to follow chain of command - I have to go through my supervisor to ask a question to a program specialist, etc. It seems like it would be better if we could "cut out the middle man" on some things - it certainly would make things more efficient.
Other Comments: With the changes to waiver/CSP/Specialized services/IAP coming, I wonder how we'll do STAY employed. While it is great to advocate and strive for independence, most people currently employed continue to need follow along supports to maintain their current position and guarantee a fair and equitable future with that company. From previous experience in this area, employers are not equipped and not willing

26. Questions 5, 6, 7 (medical/dental/behavioral)
Few community medical/dental providers understand individuals needs. It does take a specialized knowledge and skill (lets not forget caring). As well, behavioral issues consistently are a big issue. There is no specialized emergency behavioral health unit for the individuals that we serve (nothing that does not have a waiting list - people need help now not 3 months from now). I have long wished for an immediate short term unit (not ITS 90-120 but immediate to a week or to one month ish.) As well, the other major missing component is training to all service coordination staff - until you train them on how to develop treatment approachs to prevent the problems the state will continue to spend massive amounts of money on the continous customers of the OTS and ITS services. Provider enforcement will need massive follow through. In Summary, I am excited to see that this administration is attempting to improve the DD System. It is way to long over due. I am hopeful that true quality improvement attempts are made so that the individuals really get something out of it.
27. Why does the state require our individuals to complete goals (programs) within 1 year and develope a plan for the future with a time frame of 3 to 5 years, yet the state cannot meet a goal of OAP hours set in 1999. (11 years ago)
In rural areas meeting the individuals medical needs can be difficult as you have to drive long distances for good medical care, this results in higher costs for travel expenses, staff intervention time, with no extra compensation.
28. The job of the Service Coordinator is getting more complicated and time consuming. The expectations are unreasonable. Caseloads are too high, not enough support staff to do the job right.
29. Why do we continue to create services that are serve the providers?? Until the quality of services improve and the standards upheld we should not be even paying providers let alone coming up with more ways for them to get paid to do nothing. All the training in the world for SCs is not going to improve the services our individuals get unless that training includes ways to hold the providers accountable. REALLY ACCOUNTABLE!!!
30. I'm a relatively new to SC. So my view is not very critical. The knowledge I need is available to me, I just have to acquire it.
31. I marked "no" on question #8 because even though there are many providers that work to obtain and maintain jobs for clients. It feels like these providers tend to stop at a volunteer postion for a client since they are no longer at a workshop.
32. PLEASE HELP WITH THIS! I really want to do the best job I can, please give me the tools.I am willing to do this on my own time, if you find the format or class.

33. #4: Transportation is not always adequate. Many individuals are unable to afford to pay for a taxi or specialized transportation. SCs are not allowed to transport any more. Providers often schedule for their convenience, not that of the individuals. For example, one of my clients doesn't leave for day service until after 10:00 AM. He doesn't return home until 5:30 or 6:00 PM. There are a limited number of wheelchair vans available. Another individual at a different provider is taken to the workshop by his EFH family three days out of five because there is no available w/c transportation on those 3 days. It is available the other 2.
#13: When seeking answers re: Medicaid, it is not unusual to get a different answer from each person you talk to. The OTS team has been helpful & responsive. This SC hasn't worked with Omni yet, but hear good things about the service.
#14: There is no standard for compiling and updating community information. Our service area used a training session for all SCs to meet and share information & contacts. Our office manager compiled a list gleaned from that session and distributed it to each of us. It hasn't been updated in several years. Nor has the file cabinet that has some information. A lot of time is spent re-inventing the wheel.

34. Transportation is an issue, especially for those who do not have family members or services that provide transportation. Bus routes are often inconvienent or do not reach surrounding areas in Omaha- Bellevue, Papillion, Ralston, etc.
Dentists are difficult to find that accept medicaid. In addition those that offer sedation or are willing to work with behaviors is even more difficult to find.
There are job coaches in Omaha but most are unsuccessful at finding jobs for individuals. partially due to economy, but also closed minded business owners, and job coaches that are not motivated to look at jobs.

35. I think that it was hard to complete this survey for the fact that it goes from disagree to agree - there is nothing between them.

36. #3 did not allow for a comment. There are several provider agencies available to make referrals, but not necessarily when individuals have high behavioral needs.

37. We are lucky to have the quality medical services that we do and are more often than not able to access those services right here in town.
Transportation and behavioral services are provided but often times not readily available. Transportation can be limited to specific days or times of day and may or may not go as far as needed. Behavioral services can be accessed but there is often a wait for those services or travel out of town is required.
In theory vocational services are available. I feel that the provider agencies lack training in this area and don't really have an understanding of how to get people working in the community. This has been a struggle for a long time.
I'm not sure what is meant by technical assistance. Any questions I have can usually be answered by my supervisor.

38. Transportation for competitive employment is limited after the hours from 8-5.

39. Regarding #14, I feel that I have knowledge of some informal supports, but lack knowledge on other DD supports in town such as Voc Rehab, League of Human Dignity, ARC, Easterday, etc.

40. Transportation and behavioral supports are available but not always at the level we would like.

41. *(Personal identifying inforamtion removed)*, I left some answers blank. I do want to expand on some of the yes/no answers. #3 Many times one provider does nto refer to anther unless person kows what question to ask or what other service is available so service ends with first provider. #2 Limited public tranportation from 7:30 to 4:00 M-S
Sunday no service #6. Dentists do not take new Medicaid patients. #7 Many may not know about them #8 Voc Rehab Other: Statewide standardized training is needed for SC's. Also a "cheat sheet" of services available needs to be given out to clients so they know what is available, what they may qualify for, and how/where to get them. Thank you for coming to North Platte and for the presentation. *(Name removed)*

42. I think there is a major barrier between service areas and central office. We do not want to go to central office for help for fear of retaliation. It feels like an us against them relationship. People are fearful for there jobs. They feel like they cannot speak their minds because if it rubs central office the wrong way our jobs are on the line. For instance, Sc's no longer transporting.. There is a DD policy that allows SC's to provide transportation in the instance that no other option is available. We have many families where it is eat or take a cab to the doctor or an IPP. They will choose the skip the other to be able to eat. I agree that maybe we did too much transportation and we have been able to find other options but there are still times that may require emergency type transportation. My point is that everyone is too afraid to open this up for discussion due to Jodi's attitude regarding the subject. Jodi said if you have questions to e-mail her. Who in their right mind would do this when there is no trust and everyone is afraid that it will lead to termination if it goes against what Jodi wants. We feel that it is her way or the highway. There are studies that show that you are more willing to accept change if you were able to have input into that change. YOu have to get people to buy into your plan and not bully them into it. Final note- I have no trust in central office, I do not feel like they will have my back. It is easy to sit in central office and say you should have done this when you are not one dealing with the situtation. We are not perfect and we will make mistakes. I am however, thankful that central office is willing to take on the challenge of changing the way we do things in Nebraska to make things better for people with disablities. It has been a long time coming and big task to take on. Finally some one has the ambition to make it right. Thanks for listening.

43. Communication of decisions, status of issues, etc., etc. are not communicated well or in a timely manner. It is difficult to proceed with trying to transition men and women when the "rules" change so frequently and are not communicated to the SC's. A comprehensive directory of services available in each community would be helpful as well.

44. I would like more training in programming and with Behavior Modification programs.